



2003 Ohio Wing Conference Cadet Application



1. Per the attached information, the annual Ohio Wing Conference will be held 14-16 February 2003 at the Embassy Suites Hotel. The cost of the conference will be \$88.00 per cadet, which includes rooming for 1 night (Saturday - based on 4 Cadets per room), Saturday's lunch, banquet and dance, plus your Conference materials. Sunday Breakfast will be provided as part of your room registration.
2. To apply, Cadets must complete a Cadet Application for Ohio Wing Conference attached with this brochure. All applications must be signed by the unit commander AND by parents/guardians.
Applications should be sent to: Ohio Wing Conference, P.O. Box 203, Ravenna, OH, 44266-0203.
Applications must be received by 7 FEB 2003. An electronic version of the application that can be found on the Conference web site (www.ohwg.cap.gov). A hard copy must be mailed with your payment. A refund request must be in writing and Ohio Wing reserves the right to determine the validity of the emergency. Requests need to be sent to the Conference address and received no later than 7 FEB 2003. NO AT THE DOOR REGISTRATION!
3. This application/fee process applies to Cadet participants only. They do not apply to Senior Members. Please see the Senior Member application enclosed with this.
4. The uniform for the conference will be Service Dress. Female cadets should wear slacks rather than the skirt if possible. CADETS MUST MEET PROPER GROOMING STANDARDS BEFORE THEY WILL BE ALLOWED TO SIGN IN. Cadets with haircuts out of regulation will be required to obtain a haircut at their own expense. We will be in the public eye for the entire weekend so it is imperative that Civil Air Patrol presents a good impression. Cadets who do not have a complete Service Dress uniform may wear the blue shirt with ribbons and tie.
5. Attire for the banquet and dance Saturday evening will be as follows:
 - a. Females: Conservative formal or semi-formal evening gown, or Service Dress with white shirt and choice of slacks or skirt.
 - b. Males: Service dress with a white shirt and bow tie (please bring your own bow tie). Those cadets wearing the new AF dress uniform, you are to wear the standard tie with a white shirt, or, Dark suit, white shirt, and plain dark tie (for those without a service dress uniform)
6. REGISTRATION WILL OPEN AT 0700 HOURS SATURDAY, 15 FEB. CADETS MUST REPORT TO THE CONFERENCE BY 0900 HOURS SATURDAY MORNING. Opening formation for the general Conference will be 0815, Cadet activities do not start till 1000 hrs. Cadets **must** be in the proper uniform and meet grooming standards to register. Cadets must have a CURRENT membership card and a CAPF 60 (Emergency Medical Data) on their person when registering. Upon arrival, cadets should report directly to the CAP registration tables to receive their Conference materials, room assignment, and room key. Do not go to the hotel front desk to check in. Once registered, Cadets may **not** leave the hotel or enter off-limits areas without the expressed permission of the Conference Director.
7. This year's conference will be a memorable event for all cadets who attend. Don't let your cadets miss out! Encourage them to attend as we are hoping to increase our turnout even more than last year. If you have any questions, please visit the web site for staff contact information, or call the Conference Director, LTC Christopher Smith, at 330-762-8055.

CADET APPLICATION FOR OHIO WING CONFERENCE

Name		CAP Grade		CAP ID #
Last	First	MI		

Address				Phone #
Street	City	State	Zip	include area code

Wing	Unit Name	Unit Charter
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Sex	Age	Date Joined CAP	Religious Preference
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Personal Physician	Phone #
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Physician's Address

Blood Type (if known) _____ Pertinent Medical Data (allergies, diseases, chronic illnesses, medications etc.) you are currently taking:

Squadron Approval

Print Commander's Name	Signature	Date
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Meal Choice: WILD RICE CRUSTED CHICKEN ____ SLICED LONDON BROIL ____

SPECIAL DIETARY NEEDS _____

For Official Use Only

Date App Received	Amount Received
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Check #	Issue
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Emergency Information

Parent, Guardian or closest relative to be notified in case of an emergency:

Name:

Relationship:

Address

Telephone # (home)

(work)

I certify the above information is correct to the best of my knowledge, information and belief. I hereby submit this application to attend the Ohio Wing Conference on 14-16 February 2003, and agree to conduct myself in an appropriate manner at all times, and follow all security procedures, directives and protocols established for said Conference.

Date

Signature of Applicant

Release by Parents or Guardian

I hereby certify that _____ is my minor child/ward, born on _____, and do hereby give my permission for him/her to attend the Ohio Wing Conference on 14-16 February 2003. My child/ward has no history of illness or injury which may affect this activity except as follows: (please write "none" if none) _____. In the event of any medical emergency, I hereby give my permission for my child/ward to receive emergency medical treatment.

My child or ward is authorized by me to arrive and depart the activity as follows (select one):

☐ He or she will be driving himself or herself to and from the activity

☐ He or she will be transported by the following parent (name)

☐ He or she will be transported by someone other than a parent (name)

I understand that cadets driving to or from the activity will be required to turn in their vehicle keys during the duration of the activity.

IN TESTIMONY WHEREOF the undersigned has (have) set his/her (their) hand to the forgoing this ____ day of _____ 2003.

Signature of Father or Legal Guardian

Witness for Father's Signature

Father's Address: Street

City

State

Zip

Signature of Mother or Legal Guardian
Signature

Witness for Mother's

Mother's Address: Street

City

State